

City of Abilene
Application for Alcoholic Beverage Checklist Instructions
City Secretary's Office
City Hall, 555 Walnut
Room 203, 2nd Floor
Abilene, TX 79601
325-676-6208

Applicants applying for an alcoholic Beverage License/Permit in the City of Abilene are required to have the attached Checklist completed prior to certification of the application by the City Secretary.

The Planning & Zoning Department requires a 24-hour waiting period for the processing of the paperwork. Fax the completed form 24 hours in advance to (325) 676-6242 to expedite the process. Contact (325) 676-6237 or (325) 676-6475 for all inquiries.

PROCEDURE:

Applicants are to complete all identifying information (i.e., Trade Name, Address, etc.) prior to obtaining the required City signatures.

The following City offices must sign the Checklist:

Police Department Records Clerk (450 Pecan)
Fire Department (250 Grape)
Health Department - Environmental Health (633 Walnut; Community Services Bldg)
Planning & Zoning Department (555 Walnut, 1st Floor) ****24-Hour Waiting Period****
Building Inspection Office (555 Walnut, 1st Floor)
City Secretary's Office (555 Walnut, 2nd Floor)

The applicant may acquire the above signatures in the order convenient for them with the exception of the City Secretary's certification, whose signature will always be the final one obtained. An appointment with the City Secretary for certification of the application and to receive information on City fees can be made when the checklist is issued or by calling 676-6208.

**CITY OF ABILENE
APPLICATION FOR ALCOHOLIC BEVERAGE CHECKLIST**

Trade Name of Business: _____

Address or Location: _____
City State Zip

Billing Address: _____ Business Phone: _____
Area Code/Number

Email Address: _____

Name of Applicant: _____

By: _____
Printed Name Signature

Applicant's Mailing Address: _____

Application Filed For: _____ 1. Mixed Beverage _____ 3. Package Store
City State Zip

_____ 2. Wine/Beer Retailer _____ 4. Other

_____ a. Beer Off Premises _____

_____ b. Beer Retailer On Premise _____

_____ c. Wine/Beer Retailer Off Premise _____

_____ d. Wholesale Distributor

_____ Renewal _____ Renewal Change _____ Change of _____

Application is filed by:

_____ Individual _____ Partnership _____ Corporation _____ Other _____

Primary Business at this location: _____ Restaurant _____ Bar _____ Grocery _____ Convenience Store

_____ Liquor Store Other: _____

NOTE: THE FOLLOWING CITY DEPARTMENT SIGNATURES ARE REQUIRED:

Police Department Records Clerk (Police Department, 450 Pecan)

I have this date checked the records of the Abilene Police Department and:

_____ Find no information that would affect this permit.

_____ Find information that could affect this permit.

_____ Date

Abilene Police Records Division

Abilene Fire Department (250 Grape)

_____ Location and type of business has been reported.

_____ Date

Fire Marshal's Office

Community Services Building (633 Walnut)

a. **Environmental Health/Community Enhancement** (633 Walnut Street)

_____ Location and type of business has been reported

_____ Date

Environmental Health/Community Enhancement

b. **Planning and Zoning Office (1st Floor)**

**** 24-Hour Waiting Period for processing the paperwork****

Fax completed form 24 Hours in advance to (325) 676-6242 to expedite the process.

Direct inquiries to (325) 676-6237 or (325) 676-6475

Location: _____ Complies with all zoning requirements relating to liquor stores.

_____ Is not an adult entertainment enterprise.

_____ Is an adult entertainment enterprise and complies with separation requirements as stipulated by the Zoning Ordinance.

_____ Date

Planning and Zoning

NOTE: SHOULD THE LIQUOR STORE BECOME AN ADULT ENTERTAINMENT ENTERPRISE FOLLOWING APPROVAL OF THIS APPLICATION, REAPPLICATION MUST BE MADE TO ENSURE COMPLIANCE.

c. **Building Inspection Office (1st Floor)**

_____ Location and type of business has been reported.

_____ Date

Building Inspection

d. **City Secretary's Office (2nd Floor)**

_____ Amount paid (fees)

_____ Receipt Number

_____ Signature & Seal for Certification

_____ Date

City Secretary